Application	orDocket	Number
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I						SMALL E	NTITY		OTHER	THAN		
(Column 1) (Column 2)					 1	TYPE			OR SMALL ENTITY			
TOTAL CLAIMS		27					RATE	FEE]	RATE	FEE	
FOR		NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			J 7 minus 20=		*	• 7		X\$ 9=		OR	X\$18=	126
INDEPENDENT CLAIMS			/ minus 3 = *					X43=		OR	X86=	/
MULTIPLE DEPENDENT CLAIM PRESENT						+145=		OR	+290=	_		
* If the difference in column 1 is less than zero, enter "0" in column 2					1	TOTAL		OR	TOTAL	896		
CLAIMS AS AMENDED - PART II								OTHER THAN				THAN
		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF MI	Minus	PENDENT	CLAIM	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF IN	JETTP ZE DET	LINDLINI			'	+145=		OR	+290=	
							_	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	ול חר	(Column 3)		100m. 1 LL 1				
		CLAIMS	[HIGH	ST		1 [ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
NDM	Total	*	Minus	** .		=		X\$ 9=		OR	X\$18=	
ME	Independent	<u> </u>	Minus	***		= .	lΓ	X43=		OR	X86=	-
1	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM	_ · 🔲	!			Ü.,		
							Ĺ	+145= TOTAL		OR	+290= TOTAL	•
							A	DDIT FEE		OR	ADDIT FEE	
		(Column 1)		(Colum	n'2)	(Column 3)	_		•			·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9= .	· ·	OR	X\$18=	
\ME	Independent	*	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<u>ب</u>			
+145= OR +290=												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." All						TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE			
		mber Previously Pa ober Previously Paid						. –	ropriate box	•		
											•	